## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10807648

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			34			•		RATE	FEE	1	RATE	FEE
FOR			NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			3 / minus 20=		. 14			X\$ 9=		OR	X\$18=	152
INDEPENDENT CLAIMS			6 minus 3 =		3'			X43=		OR	X86=	158
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1280
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Column 2			(Column 3)		SMALL	ENTITY	OR	SMALL	NTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CL AINA	=	$\left\{ \  ight[$	X43=	•	OR	X86=	
	FIRST PRESE	INTATION OF MI	JETIPLE DEF	EMPENI			'	+145=		OR	+290=	
		•	•				_ A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	** .		-		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		= .	1 [	X43=		OR	X86=	
٩	FIRST PRESE	NTATION OF ML	LTIPLE DEP	ENDENT	CLAIM	<u>.</u> .	J ├	+145=		OR	+290≔	1
							L	TOTAL		!	TOTAL	•
				. •		•	A	DDIT. FEE L		Un ,	ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)	1 _					*
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	<b>!</b>	X43=		OR	X86=	
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
	· • · · · · · · · · · · · · · · · · · ·							+145=		OR	+290=	
[	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE	
		mber Previously Paid ober Previously Paid					er foun	d in the app	ropriate box	in col	ս <b>m</b> n <sub>.</sub> 1.	